

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

17856

FILED JUN 7 1943

Registration District No. 220-124

Primary Registration District No. 5-443-5459

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural. Second Center
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carver Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Dewey Lee Gray

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive 21 years (Day) (Year)

7. Birth date of deceased March 21 1935
(Month) (Day) (Year)

8. AGE: Years 8 Months 1 Days 16
If less than one day 0 hr. 0 min.

9. Birthplace Greene Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name Ray C. Gray

13. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ann O. Skelton

15. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Gray

(b) Address P.O. Box 2 Arc. Rt. Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5/7/43 (b) Jewell Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 3 PM minute 0 M.

21. I hereby certify that I attended the deceased from May 7
1943, to May 7, 1943
that I last saw him alive on May 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Electric shock
Contact with light bulb
socket Duration 20 min.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 139
(b) Date of occurrence May 7-1943
(c) Where did injury occur? In barn on J.H. Gray farm
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? yes (Specify type of place) contact with electric
(e) Means of injury

23. Signature S.M. Clark M.D. (M. D. or other)
Address Halltown Mo Date signed 5-8-43

10-12
18-17
10-12

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RECEIVED

Greene County Health Office

County File Number 43-6-63

Date Filed 6/3/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Maudie C Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 124

Primary Registration District No. 545-9

Registrar's No.

1. PLACE OF DEATH: Greene
(a) County Greene
(b) City or town Rural Sevier Center
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Center Zep
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME Dewey Lee Gray
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 2 (Day) 1943 (Year)

8. AGE: Years 8 Months Days If less than one day, min.

9. Birthplace Greene (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 - 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Johns Chapel

18. (a) Signature of funeral director James and James

(b) Address Ash Grove Mo

19. (a) 5/7/43 (Date received local registrar) (b) Jewell Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May Day 9 Year 1943 Hour Minute P. M.
21. I hereby certify that I attended the deceased from 19 ;
that I last saw him/her alive on 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

5-17856